

ImmuNet Enrollment Form

Maryland's Immunization Information System (ImmuNet) is a secure web-based registry operated by the Center for Immunization at the Maryland Department of Health (MDH). ImmuNet information is confidential, HIPAA and FERPA compliant, and available only to authorized users (per State Statute §18–109), and will not be released to third parties without written consent.

If you are an authorized user and need ImmuNet access to search for a patient, place a vaccine order, or report vaccine administration information, please complete this form. Organizations with multiple locations need to register each site separately.

Organization Information

Organization Name _____

Organization Type:

- Childcare Facility Corrections/Detention Health Services Health Center Health Plan
 Home Health Care Hospital Long Term Care Pharmacy Medical Practice
 Public Health Provider School Urgent Care Other, specify type and reason to access ImmuNet: _____

If Medical Practice, indicate Specialty:

- Family Internal Medicine OB/GYN Pediatrics Other, please specify: _____

Organization Sub-Types (indicate where applicable):

Health Center: Community (non-FQHC/RHC) Migrant or Refugee Occupational STD/HIV Clinic
 Student

Long term care: Nursing Home/Skilled Nursing Facility, Federally Qualified Nursing Home/Skilled Nursing Facility, Non-Federally Qualified Assisted Living Intellectual or Developmental Disability
 Combination (e.g., assisted living and nursing home in same facility)

Pharmacy: Chain Independent

Public Health Provider: Public Health Clinic FQHC RHC

School Type: Preschool Kindergarten Elementary Middle High

Private Public

Childcare Facility or Home Health Agency License Number (if applicable) _____

License Expiration Date _____

Organization Address _____ City _____ State _____ Zip Code _____ Phone Number _____ (____)

If you participate in the Vaccines For Children (VFC) program, list your PIN: _____

Reporting to ImmuNet

All providers who administer vaccines in Maryland are required to report to ImmuNet (as of October 1, 2019).

Does your organization administer vaccines? Yes No

If yes, complete the following questions. If no, skip to the next section.

Is your organization reporting to ImmuNet? Yes No Unsure

If no, please explain planned method for reporting vaccine administration data as required by law:

Does your organization use an Electronic Health/Medical Record System (EHR/EMR)? Yes No

If you are not already reporting to ImmuNet, please list your Electronic Health/Medical Record system:

If you participate in the CMS Meaningful Use/MIPS programs, did you register for Public Health Reporting?

Yes No N/A

Group NPI _____

Providers with EHRs should register at <http://phdataportal.health.maryland.gov> to get in the onboarding queue to report to ImmuNet (even if you do not participate in the CMS programs) and contact your vendor to set up reporting. Providers without EHRs or if you are not sure about your reporting status, learn more at health.maryland.gov/immunet

Information of user(s) who need ImmuNet access

User Name and Title/Department

(_____) _____

Phone number

Email address

What type of ImmuNet access do you need? Select all applicable options:

- | | |
|---|---|
| <input type="checkbox"/> Look up Client/Patient/Student immunization history | <input type="checkbox"/> Set up reporting from my EHR |
| <input type="checkbox"/> Run queries and reports for my organization | <input type="checkbox"/> Upload CSV files |
| <input type="checkbox"/> Manage VFC Inventory and Ordering | <input type="checkbox"/> Register for COVID-19 vaccines |
| <input type="checkbox"/> Manage the users in my organization (add new or delete user accounts) – Admin User | |

Need to add more users? Contact your organization's Admin User to add them. If your organization does not have an Admin User, add information of additional users below or on the back of the form →

If you are requesting Admin User access, add your backup Admin User below.

Backup Admin User or Other User Name and Title/Department

(_____) _____

Phone number

Email address

What type of ImmuNet access does this user need? Select all applicable options:

- | | |
|---|---|
| <input type="checkbox"/> Look up Client/Patient/Student immunization history | <input type="checkbox"/> Set up reporting from my EHR |
| <input type="checkbox"/> Run queries and reports for my organization | <input type="checkbox"/> Upload CSV files |
| <input type="checkbox"/> Manage VFC Inventory and Ordering | <input type="checkbox"/> Register for COVID-19 vaccines |
| <input type="checkbox"/> Manage the users in my organization (add new or delete user accounts) – Admin User | |

Note: Both your backup Admin User and you can add other users in ImmuNet. If you need to manage accounts at multiple sites, please list the number of sites: _____

If less than 10 sites, each site should be registered separately.

If more than 10 sites, you can send or upload the list of sites (include org name, address, phone, type, etc.)

Date completed: _____

If you wish to keep a completed copy of your form, please make a copy before submitting the form.

Mail or Fax to

Maryland Department of Health
Center for Immunization - ImmuNet
201 West Preston Street 3rd Floor, Baltimore, MD 21201
Fax: (410) 333-5893

Once received, your request will be processed as quickly as possible. You should expect to receive your login credentials within 3-5 business days.

MDH (For Official Use Only):

Date Received: _____

Date Fulfilled: _____

Initials: _____